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ABSTRACT

Written for media professionals, this single-sheet eight panel brochure offers suggestions for appropriate ways to describe people with disabilities, and explains preferred terminology. The guidelines reflect input from over 100 national disability organizations and were reviewed and endorsed by media and disability experts. The guidelines explain nine principles to follow when writing about people with disabilities, such as "emphasize abilities not limitations." Definitions for 20 specific disabilities are included in a section on appropriate terminology. (JDD)

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Guidelines for Reporting and Writing About People With Disabilities

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Second Edition, 1987

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Introduction

As media professionals, you are in a unique position to shape the public image of people with disabilities. The words and images you use can create a straightforward, positive view of people with disabilities or an insensitive, negative portrayal.

Here is a set of clear guidelines to help you make better choices in terms of language and portrayal. These *Guidelines* offer suggestions for appropriate ways to describe people with disabilities and explain preferred terminology. They reflect input from over 100 national disability organizations and have been reviewed and endorsed by media and disability experts throughout the country. Although opinions may differ on some terms, the *Guidelines* represent the current consensus among disability organizations. Portions of the *Guidelines* have been adopted in the 1986 edition of the *Associated Press Stylebook*.

Please use the *Guidelines* when you write about people with disabilities. If you have any questions or would like more information or additional copies of the *Guidelines*, contact: Media Project, Research and Training Center on Independent Living, BCR/3111 Haworth, University of Kansas, Lawrence, KS 66045. You can also phone: 913-842-7694 (voice/TDD).

The Research & Training Center on Independent Living

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Portrayal issues

Please consider the following when writing about people with disabilities.

1. Do not focus on a disability unless it is crucial to a story.

2. Do not portray people with disabilities who succeed as superhuman. Even though the public tends to admire superachievers, portraying people with disabilities as superstars raises false expectations that all people with disabilities should achieve at this level.

3. Do not sensationalize a disability by saying afflicted with, crippled with, suffers from, victim of, and so on. Instead, say *person who has multiple sclerosis, man who had (or contracted) polio.*

4. Do not label people as part of a disability group, such as the retarded. Instead, say *people with mental retardation.*

5. Put people first, not their disability. Say *woman with arthritis, children who are deaf, people with disabilities.* This puts the focus on the individual, not on a particular functional limitation. Because of editorial pressures to be succinct, we know it is not always possible to use preferred style (e.g., to put people first). Consider the following alternatives. These suggestions are not necessarily sanctioned by the disability groups who have endorsed the Guidelines. However, if the portrayal is positive and accurate, the following variations may be used: disabled citizens, nondisabled people, wheelchair-user, deaf girl, brain-damaged woman, paralyzed child, and so on. Crippled, deformed, suffers from, victim of, the retarded, etc. are **never** acceptable under any circumstances.

6. Emphasize abilities not limitations. Consider: *uses a wheelchair/braces, walks with crutches*, rather than confined to a wheelchair, wheelchair-bound, or is crippled. Similarly, do not use emotional descriptors such as unfortunate, pitiful, and so forth.

Disability groups also strongly object to using euphemisms to describe disabilities. Blind advocates dislike "partially sighted," because it implies avoiding acceptance of blindness. Terms such as "handicapable, mentally different," and "physically challenged" are considered condescending and reinforce the idea that disabilities cannot be dealt with upfront.

7. Do not imply disease when discussing disabilities that result from a prior disease episode. People who have had polio and experience after-effects years later have a *postpolio disability.* They are not currently experiencing the disease. Do not imply disease with people whose disability has resulted from anatomical or physiological damage (e.g., person with spina bifida or cerebral palsy). Reference to disease associated with a disability is acceptable only with chronic diseases, such as arthritis, Parkinson's disease, or multiple sclerosis. People with disabilities should not be referred to as patients or cases unless their relationship with their doctor is under discussion.

8. Show persons with disabilities as active members of society. Portraying persons with disabilities interacting with nondisabled people in social and work environments, i.e., putting them "in the landscape," helps to break down barriers and open lines of communication.

9. *People* is preferred over *persons* when referring to a large segment of a population, i.e., people with mental retardation. Persons is appropriate for a specific number under 25, i.e., 12 persons with disabilities hold management positions in the company.

Appropriate terminology for specific disabilities

Listed below are preferred words that reflect a positive attitude in portraying disabilities.

Blind. Describes a condition in which a person has loss of vision for ordinary life purposes. Generally, anyone with less than 10% of normal vision would be regarded as legally blind.

Visually impaired is the generic term preferred by some individuals to refer to all degrees of vision loss. Use *boy who is blind, girl who is visually impaired, man who has low vision.*

Cleft lip. Describes a specific congenital disability involving lip and gum. The term hare lip is anatomically incorrect and stigmatizing. Use *person who has a cleft lip* or *has a cleft palate.*

Congenital disability. Describes a disability

that has existed since birth but is not necessarily hereditary. The term birth defect is inappropriate.

Deaf. Deafness refers to a profound degree of hearing loss that prevents understanding speech through the ear. **Hearing impaired** is the generic term preferred by some individuals to refer to any degree of hearing loss—from mild to profound. It includes both hard of hearing and deaf. *Hard of hearing* refers to a mild to moderate hearing loss that may or may not be corrected with amplification. Use *woman who is deaf, boy who is hard of hearing, people who are hearing-impaired.*

Developmental disability. Any mental and/or physical disability that has an onset before age 22 and may continue indefinitely. It can limit major life activities. Term includes individuals with mental retardation, cerebral palsy, autism, epilepsy (and other seizure disorders), sensory impairments, congenital disabilities, traumatic accidents, or conditions caused by disease (polio, muscular dystrophy, etc.)

Disability. General term used for a functional limitation that interferes with a person's ability, for example, to walk, hear, learn, or lift. It may refer to a physical, mental, or sensory condition. Use as descriptive noun or adjective, such as *persons who are mentally and physically disabled, man with a disability.*

Down syndrome. Describes a form of mental retardation caused by improper chromosomal division during fetal development.

Handicap. Not a synonym for disability. Describes a condition or barrier imposed by society, the environment, or by one's own self. Handicap can be used when citing laws and situations but should not be used to describe a disability. Say, "The stairs are a *handicap* for her," or "He is *handicapped* by the inaccessible bus."

Head injury. Describes a condition where there is temporary or long-term interruption in brain functioning. Use *persons with head injury, people who have sustained brain damage, woman who has traumatic brain injury, boy with a closed head injury.*

Mental illness/Mental disability. Describes a condition where there is loss of social and/or vocational skills. Do not use mentally deranged, crazy, deviant. *Mental disability* describes all of the recognized forms of mental illness, severe emotional disorder, or mental retardation. Terms such as neurotic, psychotic, and schizophrenic should be reserved for technical medical writing only. Use *man with mental illness, woman with a mental disorder.*

Nondisabled. Appropriate term for persons without disabilities. The terms normal, able-bodied, healthy, or whole are inappropriate.

Seizure. Describes an involuntary muscular contraction, a brief impairment or loss of consciousness, etc. resulting from a neurological condition, such as epilepsy. Rather than epileptic, say *girl with epilepsy* or *boy with a seizure disorder.* The term convulsion should only be used for seizures involving contraction of the entire body.

Small stature. Do not refer to very small persons as dwarfs or midgets. Use *man of small stature.* Dwarfism is an accepted medical term, but it should not be used as general terminology.

Spastic. Describes a muscle with sudden abnormal and involuntary spasms. Not appropriate for describing someone with cerebral palsy. Muscles are spastic, not people.

Special. Describes that which is different or uncommon about *any* person. Do not use to describe persons with disabilities (except when citing laws or regulations).

Specific learning disability. Describes a permanent condition that affects the way individuals with average or above-average intelligence take in, retain, and express information. *Specific* is preferred, because it emphasizes that only certain learning processes are affected.

Speech disorder. Describes a condition where a person has limited or difficult speech patterns. Use *child who has a speech disorder.* For a person with no verbal speech capability, use *woman without speech.* Do not use mute.

Spinal cord injury. Describes a condition where there has been permanent damage to the spinal cord. *Quadriplegia* describes substantial or total loss of function in all four extremities. *Paraplegia* refers to substantial or total loss of function in the lower part of the body only. Say *man with paraplegia, woman who is paralyzed.*

A partial list of endorsees

Accent on Living Magazine, Bloomington, IL
Advocates for Children, New York, NY
Advocates for Persons with Disabling Conditions in Allied Health, Chicago, IL
American Association for the Advancement of Science, Washington, DC
American Society of Deaf Children, Silver Spring, MD
American Cleft Palate Association, Pittsburgh, PA
Arthritis Foundation, Atlanta, GA
Association for Children and Adults With Learning Disabilities, Pittsburgh, PA
Association for Persons With Severe Handicaps, Seattle, WA
Association for Retarded Citizens, Portland, OR
Association for Retarded Citizens of the U.S. Arlington, TX
Council for Advancement and Support of Education, Washington, DC
Council of State Administrators of Vocational Rehabilitation, Washington, DC
Disabled Ability Resource Environment, El Paso, TX
Disabilities Research and Information Coalition, Seattle, WA
Disability Focus, Inc., Washington, DC
Epilepsy Foundation of America, Landover, MD
Gazette International Networking Institute, St. Louis, MO
Goodwill Industries of America, Inc., Bethesda, MD
Huntington's Disease Society of America, Inc., New York, NY
Kids on the Block, Columbia, MD
Mental Health Association of Colorado, Boulder, CO
National Amputation Foundation, Inc., Whitestone, NY
National Association of the Deaf, Silver Spring, MD
National Ataxia Foundation, Wayzata, MN
National Barrier Awareness Foundation, Richmond, VA
National CHALLENGE Committee, Washington, DC
National Down Syndrome Congress, Park Ridge, IL
National Down Syndrome Society, New York, NY
National Easter Seal Society, Chicago, IL
National Fraternal Society of the Deaf, Mt. Prospect, IL
National Head Injury Foundation, Framingham, MA
National Information Center for Handicapped Children and Youth, Washington, DC
National Mental Health Association, Alexandria, VA
National Organization on Disability, Washington, DC
National Spinal Cord Injury Association, Newton, MA
Prader-Willi Syndrome Association, Edina, MN
President's Committee on Employment of the Handicapped, Washington, DC
United Scleroderma Foundation, Inc., Watsonville, CA
World Institute on Disability, Berkeley, CA

Partial list of appropriate terminology

People who are

blind, visually impaired

deaf, hearing impaired

mentally retarded

nondisabled

physically disabled

Persons with or who have

cerebral palsy

Down syndrome

head injury

mental illness

paraplegia, quadriplegia

partial hearing loss

seizure disorder

specific learning disability

speech impairment